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Disclosure

Stocks in Pfizer



Today's Presentation

Overview of Healthy People 2020

- Background and History of Healthy People
- Goals of Healthy People 2020

Exploration of Heart Disease and Stroke Objectives

Review of current materials for implementation



Healthy People 2020

Heart Disease and Stroke

Discussion Objectives

- List the overarching goals for Healthy People 2020
- Discuss the major themes for improving cardiovascular and stroke health outcomes during the upcoming decade
- List 2 sources for implementation strategies

Healthy People Background and History





What Is Healthy People?

A **national agenda** that communicates a vision for improving health and achieving health equity.

A set of specific, **measurable objectives** with targets to be achieved over the decade.

These objectives are organized within distinct **Topic Areas**.



Healthy People 2020...

Builds on a foundation of three decades of work in health promotion and disease prevention objectives aimed at improving the health of all Americans.

Is grounded in science, guided by public input, and designed to measure progress.

Seeks to improve health outcomes through prevention strategies that address “ecological contexts” and determinants of health.

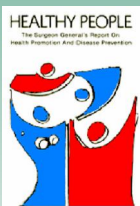




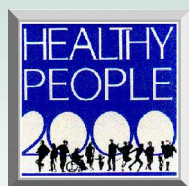
History of Healthy People



1979—ASH/SG Julius Richmond establishes first national prevention agenda: *Healthy People: Surgeon General's Report on Health Promotion and Disease Prevention*



HP 1990—Promoting Health/Preventing Disease: *Objectives for the Nation*



HP 2000—Healthy People 2000: *National Health Promotion and Disease Prevention Objectives*






HP 2010—Healthy People 2010: *Objectives for Improving Health*



Healthy People 2020 – Launched December 2010



Evolution of Healthy People

Target Year	1990	2000	2010	2020
				
Overarching Goals	<ul style="list-style-type: none"> Decrease mortality: infants–adults Increase independence among older adults 	<ul style="list-style-type: none"> Increase span of healthy life Reduce health disparities Achieve access to preventive services for all 	<ul style="list-style-type: none"> Increase quality and years of healthy life Eliminate health disparities 	<ul style="list-style-type: none"> Attain high-quality, longer lives free of preventable disease Achieve health equity; eliminate disparities Create social and physical environments that promote good health Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	39*
# Objectives/Measures	226/NA	312/NA	467/1,000	>580/1200

* With objectives

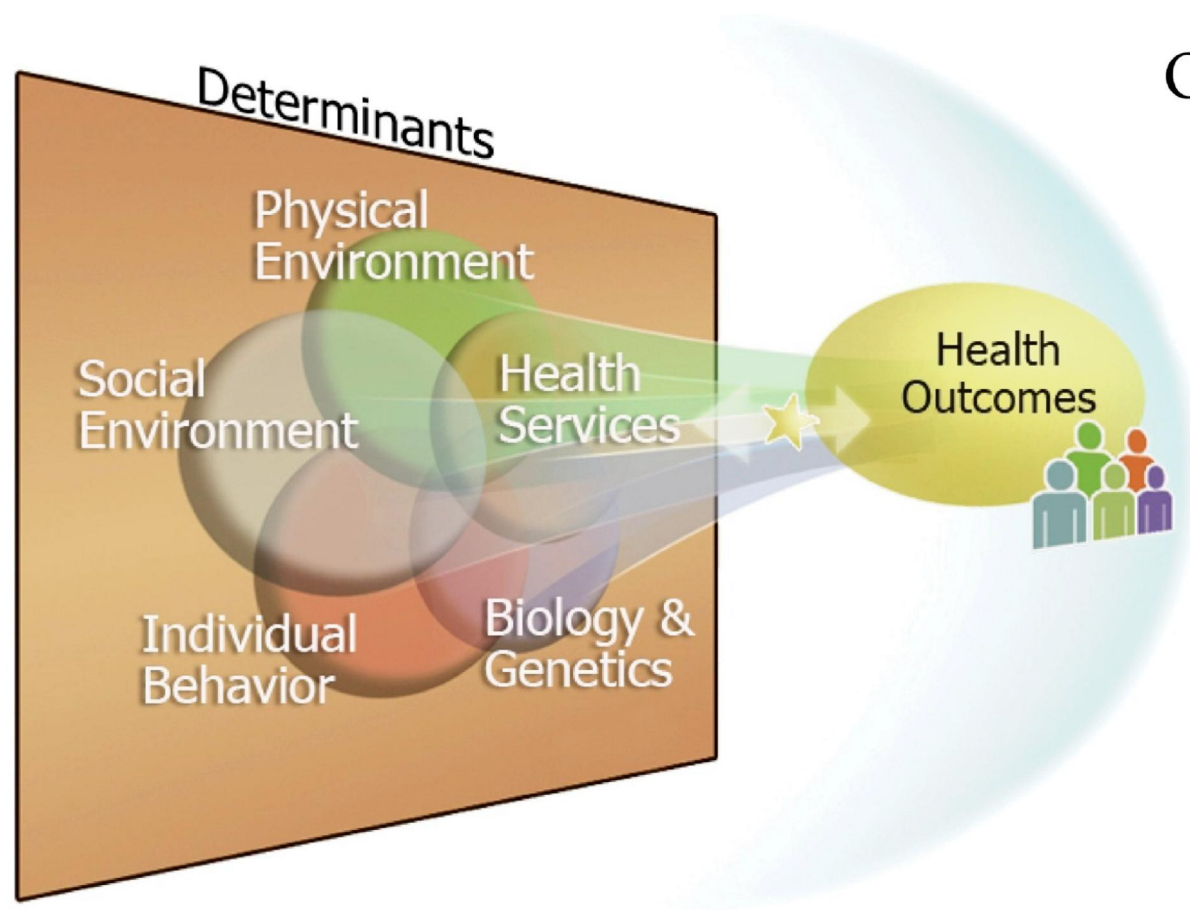


Processes New to Healthy People 2020

	HP 2010	HP 2020
Target setting	<ul style="list-style-type: none"> • <i>Better than the best</i> (designed to achieve improvement for all racial/ethnic segments of the population, with targets that were set “better than the best” racial/ethnic group) • <i>Percent improvement</i> (used for objectives that were unlikely to achieve equal health outcomes) • <i>“Total coverage” or “Total elimination”</i> (for targets like 100 percent, 0 percent, all States, etc.) • <i>Consistent with _____</i> (another national program, for example, national education goals) • <i>Retain year 2000 target</i> (the Healthy People 2000 target was retained). 	<ul style="list-style-type: none"> • Primary (e.g., modeling/projection) • Default (i.e., 10 percent improvement over baseline) • Alternative (e.g. consistency with national programs/regulations/policies/laws; retention of Healthy People 2010 targets; or total elimination or coverage)
Effective Implementation Strategies,	None	briefly addresses evidence-based or best-practice strategies that can be provided to users of Healthy People to help them implement the objectives.
Main vehicle for dissemination	Traditional Print Publication	Interactive website
Website	allows users to tailor information to their needs and explore evidence-based resources for implementation	

Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.



Healthy People 2020 Topic Areas

Access to Health Services

Adolescent Health*

Arthritis, Osteoporosis, and Chronic Back Conditions

Blood Disorders and Blood Safety*

Cancer

Chronic Kidney Disease

Dementias, Including Alzheimer's Disease*

Diabetes

Disability and Health**

Early and Middle Childhood*

Educational and Community-Based Programs

Environmental Health

Family Planning

Healthcare-Associated Infections*

Health Communication and Health Information Technology**

Health-Related Quality of Life and Well-Being*

Hearing and Other Sensory or Communication Disorders*

Heart Disease and Stroke

HIV

Immunization and Infectious Diseases

Injury and Violence Prevention

Lesbian, Gay, Bisexual, and Transgender Health*

Maternal, Infant, and Child Health

Medical Product Safety

Mental Health and Mental Disorders





Healthy People 2020 Topic Areas

Nutrition and Weight Status**

Occupational Safety and Health

Older Adults*

Oral Health

Physical Activity**

Preparedness*

Public Health Infrastructure

Respiratory Diseases

Sexually Transmitted Diseases

Sleep Health*

Social Determinants of Health*

Substance Abuse

Tobacco Use

Vision**



Stakeholder Input

Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020

Public Meetings

Public Comment

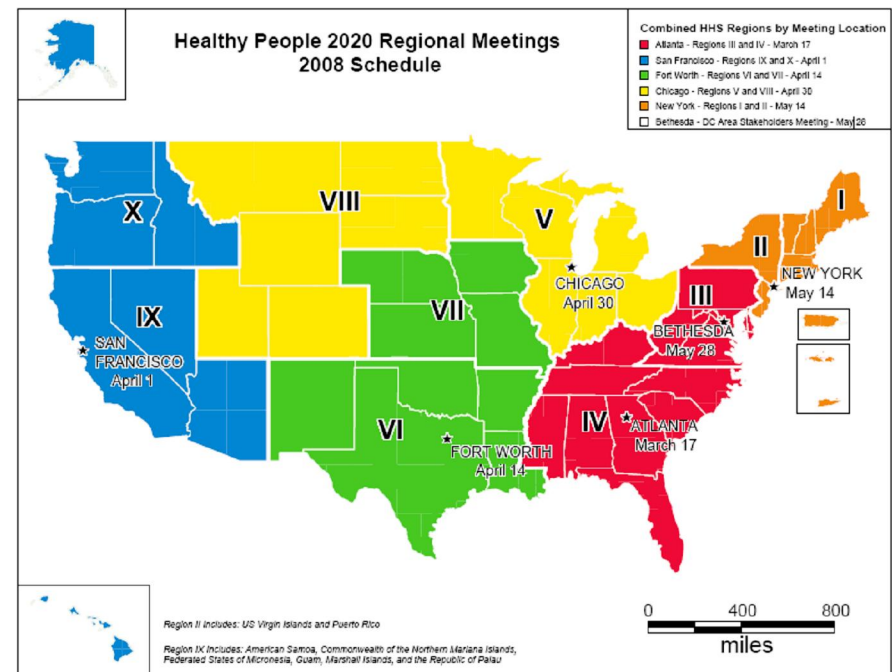
Web Site

Healthy People

Consortium

Federal Interagency

Workgroup (FIW)





How Stakeholders Are Using Healthy People

Data tool for measuring program performance

Framework for **program planning and development**

Goal setting and **agenda building**

Teaching public health courses

Benchmarks to **compare** State and local data

Way to develop nontraditional **partnerships**



Involving Non-Health Sectors To Address Determinants of Health

Healthy People 2020 emphasizes involving sectors outside health, including:

- Education
- Housing
- Environment
- Transportation
- Labor
- Agriculture

HP 2020 Heart Disease and Stroke





Magnitude of Problem

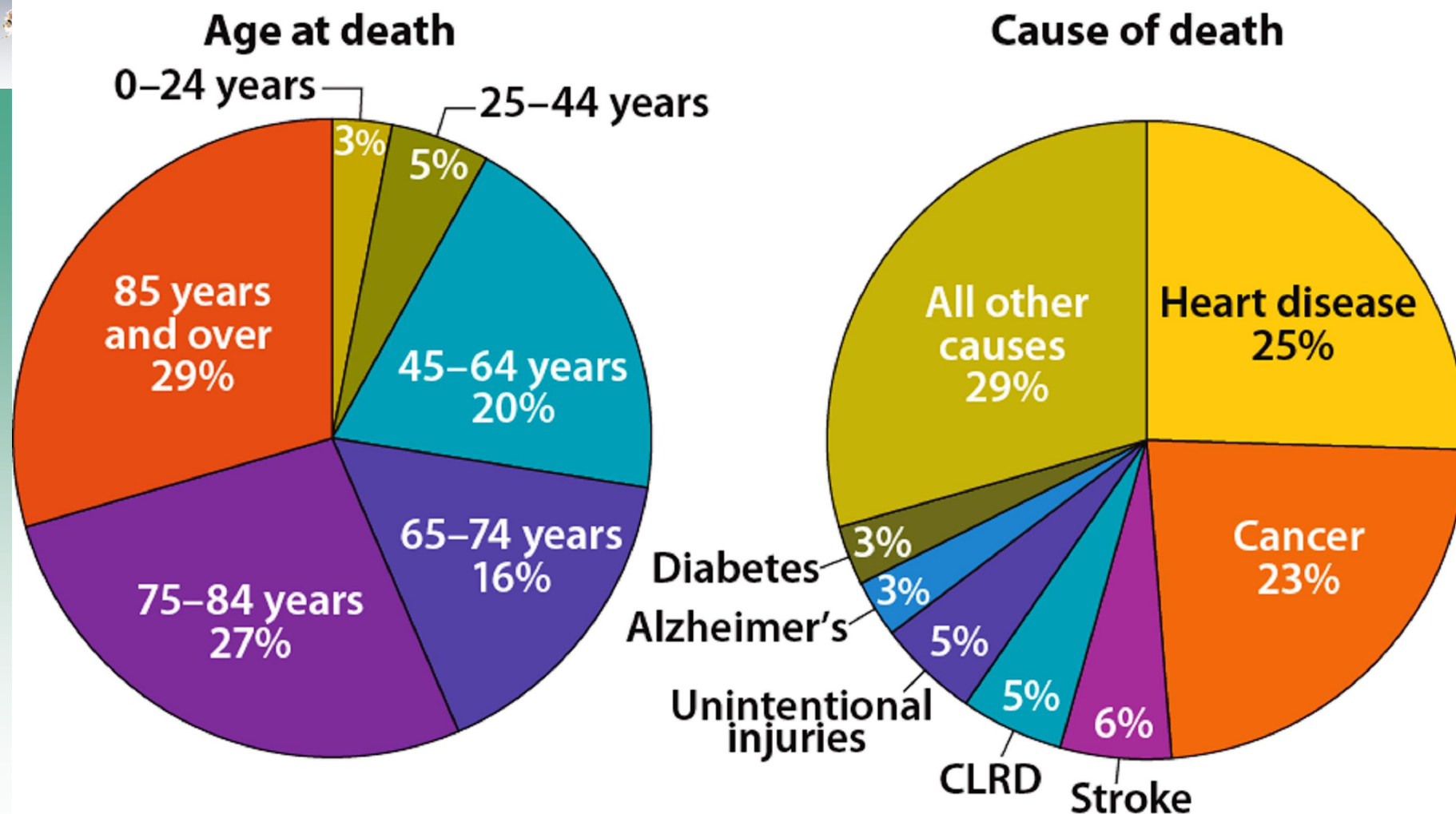
Heart Disease is leading cause of death in the United States (2007)

Stroke is third leading cause of death in the United States

More than 81 million adults live with one or more types of cardiovascular disease

Together account for more than \$500 billion in health care expenditures and related expenses in 2010

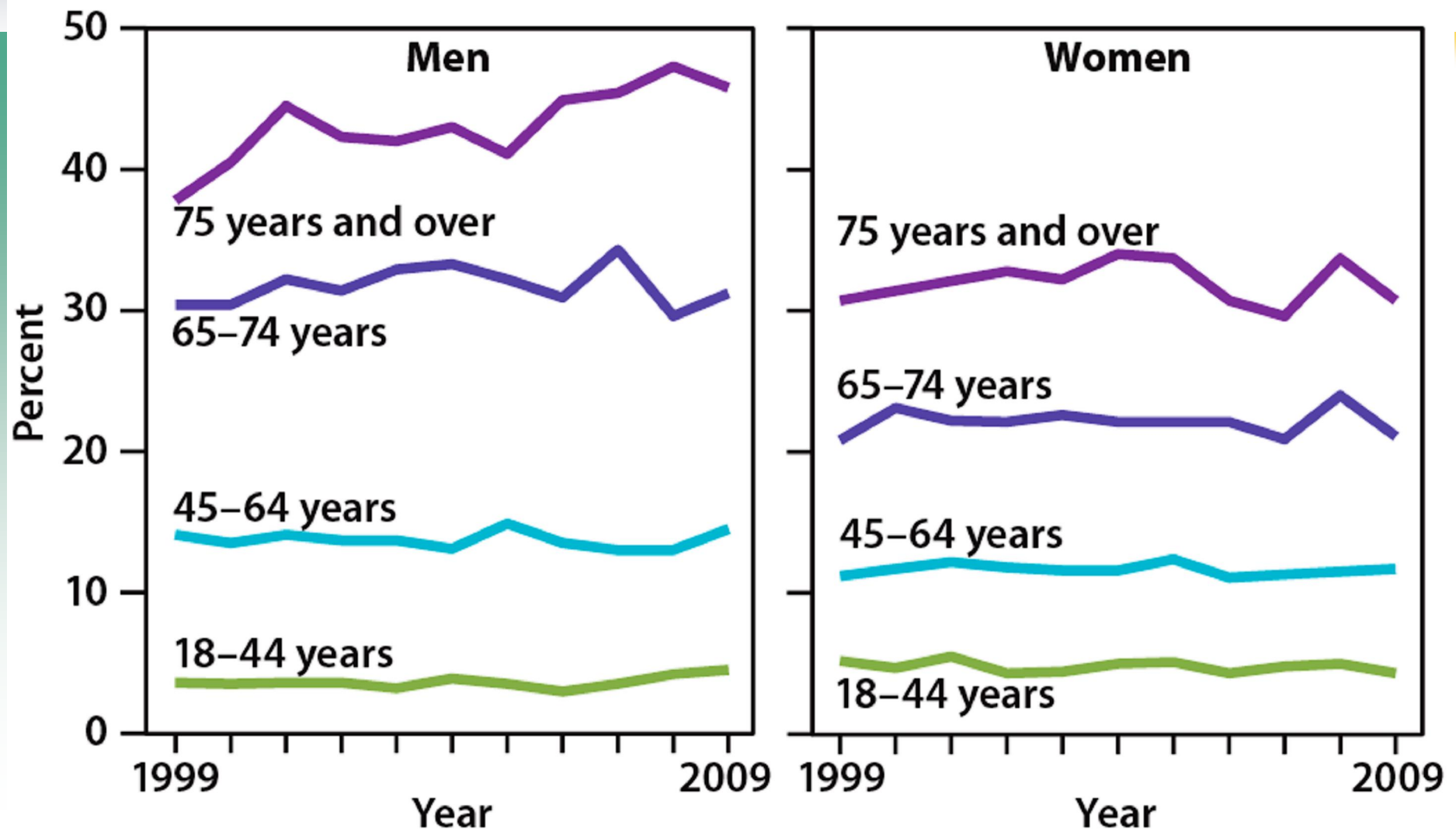
Deaths for all ages, 2007



NOTE: CLRD is chronic lower respiratory diseases.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 24. Data from the National Vital Statistics System.

Respondent-reported lifetime heart disease prevalence



SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 3. Data from the National Health Interview Survey.



South Carolina and Georgia

South Carolina Leading Causes of Death, 2007

Cause of Death	Number of Deaths in 2007 (State)	2007 State Death Rate (deaths per 100,000 population)	2006 State Death Rate	2007 U.S. Death Rate	2007 State Rank
1. Heart disease	8,992	192.9	200.2	190.9	20
2. Cancer	8,867	186.7	193.2	178.4	18
3. Stroke	2,466	53.4	51.6	42.2	5

Georgia Leading Causes of Death, 2007

Cause of Death	Number of Deaths in 2007 (State)	2007 State Death Rate (deaths per 100,000 population)	2006 State Death Rate	2007 U.S. Death Rate	2007 State Rank
1. Heart disease	16,184	203.0	213.2	190.9	14 (tie)
2. Cancer	14,983	181.8	180.4	178.4	22
3. Stroke	3,894	49.7	51.3	42.2	9



4 Goals of CVD Prevention for HP 2020

Prevention of
risk factors

Detection and
Treatment of
Risk Factors

Early
Identification
and Treatment
of CV Events

Prevention of
Recurrent
CV Events

The goals are –

- ” *sequential*, representing the full pathogenesis of disease
- ” *comprehensive*, including all levels of risk in the population
- ” *achievable*, by means of distinct strategies of prevention



Objectives for Heart Disease and Stroke Prevention

Preserving
Low
CVD Risk

Controlling
Increased
CVD Risk

Detecting &
Treating Acute
CVD Events

Reducing Disability
& Risk of
Recurrent CVD



Improve cardiovascular health

↓ Prevalence of
high BP and
cholesterol

↑ Proportion
screened for high
BP and cholesterol

↑ Advice, adher-
ence, attainment re
health behaviors/
drug Rx in persons
with high BP, chol-
esterol or CVD risk

↑ Awareness/
response to Sns/Sxs
of heart attack and
stroke

↑ Bystander /EMS
action for OHCA

↑ Advice, adher-
ence, attainment re
health behaviors/
drug Rx in persons
with high BP or
cholesterol (all have
CVD)

↓ Incidence of heart disease and stroke

↑ Timely flow-
restoring inter-
ventions for heart
attacks and strokes

↑ 30-day survival for
CHD, stroke

↑ Rehabilitation for
CHD, stroke

↓ Readmission ≤30
days for CHF

↓ Recurrence rate
for CHD, stroke

↓ Deaths from heart disease and stroke



Objectives for Heart Disease and Stroke Prevention

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with high BP or
cholesterol (all have
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↑ Rehabilitation for
CHD, stroke

↓ Readmission ≤30
days for CHF

↓ Incidence of heart disease and stroke

**↑ 30-day survival
for CHD, stroke**

**↓ Recurrence rate
for CHD, stroke**



HP 2020 Cross Cutting Objectives

HDS-1 (Developmental)
Increase overall
cardiovascular health in the
U.S. population

HDS-2 Reduce coronary
heart disease deaths
– Target 100 deaths per 100.000
population

HDS-3 Reduce stroke deaths
– Target 33.8 deaths per
100,000 population



Prevention of Risk

HDS 4 Increase the proportion of adults who had their blood pressure measured within the preceeding 2 years and can state whether their blood pressure was normal or high

– Target 94.4 percent

HDS 5 Reduce the proportion of persons in the population with hypertension

- HDS 5.1 Reduce the proportion of adults with hypertension

- Target 26.9 percent

HDS 5.2 Reduce the proportion of children and adolescents with hypertension

– Target 3.2 percent



Prevention of Risk

- ❑ **HDS-6** Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
 - ❖ **Target:** 82.1 percent
- ❑ **HDS-7** Reduce the proportion of adults with high total blood cholesterol levels.
 - ❖ **Target:** 13.5 percent
- ❑ **HDS-8** Reduce the mean total blood cholesterol levels among adults.
 - **Target:** 177.9 mg/dl (mean)



Detection and Treatment of Risk

- ❑ **HDS-9** (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines.
- ❑ **HDS-9.1** Body mass index (BMI).
- ❑ **HDS-9.2** Saturated fat consumption.
- ❑ **HDS-9.3** Sodium intake.
- ❑ **HDS-9.4** Physical activity.
- ❑ **HDS-9.5** Moderate alcohol consumption.



Detection and Treatment of Risk

- ❑ **HDS-10** (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines.
- ❑ **HDS-10.1** BMI.
- ❑ **HDS-10.2** Saturated fat consumption.
- ❑ **HDS-10.3** Sodium intake.
- ❑ **HDS-10.4** Physical activity.
- ❑ **HDS-10.5** Moderate alcohol consumption.



Detection and Treatment of Risk

- ❑ **HDS-11** Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.
 - **Target:** 77.4 percent
- ❑ **HDS-12** Increase the proportion of adults with hypertension whose blood pressure is under control.
 - **Target:** 61.2 percent



Detection and Treatment of Risk

- ❑ **HDS-13** (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management including lifestyle changes and, if indicated, medication.
- ❑ **HDS-13.1** Cholesterol-lowering diet.
- ❑ **HDS-13.2** Physical activity.
- ❑ **HDS-13.3** Weight control.
- ❑ **HDS-13.4** Prescribed drug therapy.



Detection and Treatment of Risk

- ❑ **HDS-14** (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication.
- ❑ **HDS-14.1** Cholesterol-lowering diet.
- ❑ **HDS-14.2** Physical activity.
- ❑ **HDS-14.3** Weight control.
- ❑ **HDS-14.4** Prescribed drug therapy.



Detection and Treatment of Risk

- ❑ **HDS-15** (Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease.
- ❑ **HDS-15.1** Women aged 55 to 79 years.
- ❑ **HDS-15.2** Men aged 45 to 79 years.



Early Identification and Treatment of CV Events

- ❑ **HDS-16** Increase the proportion of adults aged 20 years and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.
 - **Target:** _____
- ❑ **HDS-16.1** Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9. 1. 1 or another emergency number.
 - **Target:** 43.1 percent



Early Identification and Treatment of CV Events

- ❑ **HDS-16.2** Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack.
 - **Target:** 46.2 percent
- ❑ **HDS-16.3** Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care by calling 9. 1. 1 or another emergency number.
 - **Target:** 94.9 percent



Early Identification and Treatment of CV Events

- ❑ **HDS-17** Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning symptoms and signs of a stroke.
- ❑ **HDS-17.1** Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9. 1. 1 or another emergency number.
- ❑ **HDS-17.2** Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a stroke.
- ❑ **HDS-17.3** Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care by calling 9. 1. 1 or another emergency number.



Early Identification and Treatment of CV Events

- ❑ **HDS-18** (Developmental) Increase the proportion of out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) were administered.



Early Identification and Treatment of CV Events

- ❑ **HDS-19** Increase the proportion of eligible patients with heart attacks or strokes who receive timely artery-opening therapy as specified by current guidelines.
- ❑ **HDS-19.1** Fibrinolytic therapy within 30 minutes of hospital arrival for patients with heart attacks.
 - ❑ **Target:** 75.1 percent
- ❑ **HDS-19.2** Percutaneous intervention (PCI) within 90 minutes of hospital arrival for patients with heart attacks.
 - ❑ **Target:** 97.5 percent
- ❑ **HDS-19.3** (Developmental) Acute reperfusion therapy within 3 hours from symptom onset for patients with strokes.

❑ **Target:** _____



Prevention of Recurrent Events

- ❑ **HDS-20** (Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels.
 - **Target:** _____
- ❑ **HDS-20.1** (Developmental) Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels.
 - **Target:** _____
- ❑ **HDS-20.2** (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels.
 - **Target:** _____



Prevention of Recurrent Events

- ❑ **HDS-21** (Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.
 - **Target:** _____
- ❑ **HDS-22** (Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.
 - **Target:** _____
- ❑ **HDS-23** (Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.
 - **Target:** _____



Prevention of Recurrent Events

- ❑ **HDS-24** Reduce hospitalizations of older adults with heart failure as the principal diagnosis.
 - ❑ **HDS-24.1** Adults aged 65 to 74 years.
 - **Target:** 8.8 hospitalizations per 1,000 population
 - ❑ **HDS-24.2** Adults aged 75 to 84 years.
 - **Target:** 20.2 hospitalizations per 1,000 population
 - ❑ **HDS-24.3** Adults aged 85 years and older.
 - **Target:** 38.6 hospitalizations per 1,000 population



How Health Care Providers Can Use Healthy People To Improve Population Health

Understand how health care and health services fit into the context of population health.

Contribute to national progress on the Healthy People objectives by offering patients relevant counseling, education, and other preventive services.

Find objectives that pertain to your specific areas of specialization.

- Understand how your patient population compares with the U.S. population as a whole.
- Learn about key issues within each Topic Area that are important to address on a local level.

Go to www.healthypeople.gov for specific objectives related to health care within the Topic Areas.



Implementing Heart Disease and Stroke Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>



Implementation Resources

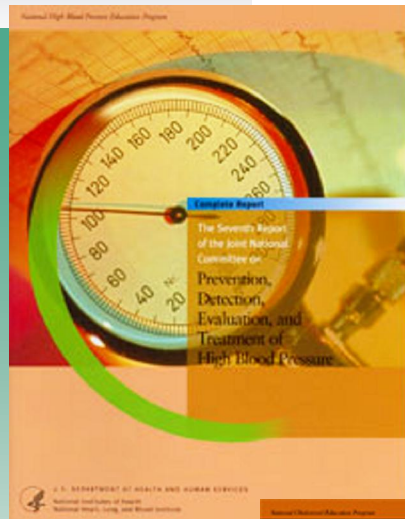
Clinical guides and Community Guides

- US Preventive Services Task Force
- Guide to community Preventive Services
- National Guidelines Clearinghouse

Implementation Conference Spring 2012



Implementation Resources



1998 – 2004

NHLBI currently working on updates to these guidelines



Implementation Resources

“More than two-thirds of hypertensive individuals cannot be controlled on one drug and will require two or more antihypertensive agents selected from different drug classes. For example, in ALLHAT, 60 percent of those whose BP was controlled to $<140/90$ mmHg received two or more agents, and only 30 percent overall were controlled on one drug.²⁸ In hypertensive patients with lower BP goals or with substantially elevated BP, three or more antihypertensive drugs may be required.”

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure



Implementation Resources

TABLE 3. Recommendations for Modifications to Footnote the ATP III Treatment Algorithm for LDL-C

- Therapeutic lifestyle changes (TLC) remain an essential modality in clinical management. TLC has the potential to reduce cardiovascular risk through several mechanisms beyond LDL lowering.
- In high-risk persons, the recommended LDL-C goal is <100 mg/dL.
 - An LDL-C goal of <70 mg/dL is a therapeutic option on the basis of available clinical trial evidence, especially for patients at very high risk.
 - If LDL-C is ≥ 100 mg/dL, an LDL-lowering drug is indicated simultaneously with lifestyle changes.
 - If baseline LDL-C is <100 mg/dL, institution of an LDL-lowering drug to achieve an LDL-C level <70 mg/dL is a therapeutic option on the basis of available clinical trial evidence.
 - If a high-risk person has high triglycerides or low HDL-C, consideration can be given to combining a fibrate or nicotinic acid with an LDL-lowering drug. When triglycerides are ≥ 200 mg/dL, non-HDL-C is a secondary target of therapy, with a goal 30 mg/dL higher than the identified LDL-C goal.
- For moderately high-risk persons (2+ risk factors and 10-year risk 10% to 20%), the recommended LDL-C goal is <130 mg/dL; an LDL-C goal <100 mg/dL is a therapeutic option on the basis of available clinical trial evidence. When LDL-C level is 100 to 129 mg/dL, at baseline or on lifestyle therapy, initiation of an LDL-lowering drug to achieve an LDL-C level <100 mg/dL is a therapeutic option on the basis of available clinical trial evidence.
- Any person at high risk or moderately high risk who has lifestyle-related risk factors (eg, obesity, physical inactivity, elevated triglyceride, low HDL-C, or metabolic syndrome) is a candidate for TLC to modify these risk factors regardless of LDL-C level.
- When LDL-lowering drug therapy is employed in high-risk or moderately high-risk persons, it is advised that intensity of therapy be sufficient to achieve at least a 30% to 40% reduction in LDL-C levels.
- For people in lower-risk categories, recent clinical trials do not modify the goals and cutpoints of therapy.



Implementation Resources

The U.S. Preventive Services Task Force (USPSTF) recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians



In research studies, each of these DASH-style patterns lowered blood pressure, improved blood lipids, and reduced cardiovascular disease risk compared to diets that were designed to resemble a typical American diet.



Implementation Resources

Know Stroke (NINDS)

- aims to raise awareness of the signs and symptoms of stroke and the importance of getting to the ER quickly for treatment.
- achieved through:
 - training and educating community stroke champions who then bring the messages to their communities
 - through providing a collection of free stroke education materials (including some in Spanish) for the public.



<http://stroke.nih.gov/>



Practical Application



Ways To Use Healthy People 2020

Go online: visit <http://www.healthypeople.gov>, a user-centered Web site that provides a platform to learn, collaborate, plan, and implement strategies to reach the 2020 objectives.

Integrate Healthy People 2020 into your programs, initiatives, special events, publications, and meetings.

Use Healthy People as a tool to engage partners at all levels of government, across sectors, and in the community.

Use Healthy People 2020 in health program planning.





Ways To Connect With Healthy People

Spread the word about 2020 objectives.

Follow Healthy People on Twitter @gohealthypeople. 

Connect with Healthy People on LinkedIn. 

Join the Healthy People listserv.

Join the Healthy People Consortium.

Visit www.healthypeople.gov for up-to-date information and announcements.

E-mail: HP2020@hhs.gov.





Acknowledgements

- ❑ Centers for Disease Control and Prevention
 - Division for Heart Disease and Stroke Prevention
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 - National Heart, Lung, and Blood Institute
 - National Institute of Neurological Disorders and Stroke
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